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### \*\* CONTINUING DATA \*\*\*\*\*

### \*\* FOREIGN APPLICATIONS \*\*\*\*\*

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### IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 16	TOTAL CLAIMS 52	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

### ADDRESS

23389

### TITLE

CAPSULE MEDICAL APPARATUS HAVING EVACUATION DETECTING AND NOTIFYING DEVICES AND  
CAPSULE MEDICAL APPARATUS COLLECTING SYSTEM

NFB  
08/11/06

FILING FEE RECEIVED 1948	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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